



CALGARY AQUABELLES EXPRESSION OF INTEREST

Previous Artistic Swimming (Synchronized Swimming) Experience

2021/2022 Competitive Year

APPLICANT INFORMATION

| | | |
|------------------|---|--------------|
| Name: | | |
| Date of birth: | National Stream or Provincial Stream (please circle) | Phone: |
| Current address: | | |
| City: | Province: | Postal Code: |

ARTISTIC SWIMMING HISTORY

| | | |
|--|-----------|--------------|
| Current Club (#1): | | |
| Club address: | | How long? |
| Phone: | E-mail: | Fax: |
| City: | Province: | Postal Code: |
| Did you leave the club in good standing (as defined by Alberta Artistic Swimming)? Yes or No (please circle) | | |
| Past Club (#2): | | |
| Club address: | | How long? |
| Phone: | E-mail: | Fax: |
| City: | Province: | Postal Code: |
| Did you leave the club in good standing (as defined by Alberta Artistic Swimming)? Yes or No (please circle) | | |
| Other history or information that may be relevant to your expression of interest: | | |

PARENT INFORMATION

| | | |
|--|-----------|--------------|
| Parent #1 Name: | | |
| Address (if different than applicant): | | |
| Phone: | | E-mail: |
| City: | Province: | Postal Code: |
| Parent #2 Name: | | |
| Address (if different than applicant): | | |
| Phone: | | E-mail: |
| City: | Province: | Postal Code: |

SIGNATURES

I authorize the verification of the information provided on this form.

| | |
|---|-------|
| Signature of applicant (if 18 or over) or parent: | Date: |
| Signature of spouse: | Date: |

The application can be scanned and emailed to registrar@aquabelles.com, faxed to 1-888-541-0727.